

# ACCOUNT CLOSURE REQUEST



Please fill in Black Ink and in CAPITAL LETTERS  
All fields marked "\*" are MANDATORY

Date        
D D M M Y Y Y Y

## CUSTOMER DETAILS

\*Customer ID  \*Account Number#   
 \*Customer Name   
 \*Purpose of closure

#Company accounts should be accompanied by a Board Resolution.

## DESIRED MODE OF RECEIPT\* OF THE BALANCE AMOUNT

Please fill in the details for any of the options given below, as applicable, and strike out the rest

Notes: All linkages to the above account will also be closed.

To another bank account by electronic transfer  
 Other bank account No   
 Reconfirm Account No   
 Name of account holder   
 Account Type  Savings Account  Current Account  
 Bank Name   
 Branch/City  IFSC Code   
 By Demand Draft (Will be delivered only at the mailing address and cannot be made to third party accounts)  
 To another IDFC account in India  
 IDFC Account  City   
 Name of account holder   
 By Cash (As per current Income Tax rules, if the account balance at the time of account closure exceeds ₹. 20,000/- the payment will not be made through cash)

## DECLARATION & SIGNATURE(S)

I/We understand, agree and acknowledge that IDFC FIRST Bank shall act solely on the basis of my/our instructions without any responsibility and liability upon the Bank.

I/We further declare that I/We have already destroyed all cheque leaves and related card pertaining to above account.

It is my/our responsibility that all the ECS / Auto debit mandates linked to this account are amended.

All Account Holders to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

## FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

CB-EB/01/01-2019/0